DCN - FOR ELECTRONIC FILING USE ONLY						
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AR1000DC

STATE OF ARKANSAS Disabled Individual Certificate

Disabled Individual Certificate INDIVIDUAL INCOME TAX RETURN						
	INDIVIDUAL INCOME	I IAX RETURN				
Taxpayer's Na	ame (as shown on return)	Taxpayer's Social Security Number				
Disabled Indiv	vidual's Name	Disabled Individual's Social Security Number				
adjustment	•	Disabled Individual Deduction. This deduction is taken in the is certificate is good for one year, and must be attached to you				
To take adva	antage of this deduction, the taxpayer and/or individual mu	st meet the following conditions and standards:				
1.	The disabled individual is a natural or adopted child, or a	a dependent of the taxpayer.				
2.	The taxpayer maintained, supported and cared for the t	otally and permanently disabled individual in his/her home.				
3.		ny individual who is unable to engage in any substantial gainfu or mental impairment which can be expected to result in death period of not less than twelve (12) months.				
4.	A physical or mental impairment is an impairment which malities which are demonstrable by medically acceptable	results in the anatomical, physiological or psychological abnor clinical or laboratory diagnostic techniques.				
5.	The above individual has been diagnosed by a physician and 4 listed above.	as totally and permanently disabled as outlined in conditions 3				
•	lities of perjury, I certify that	is a totally and				
permanently	y disabled individual based upon the above criteria.					
	Taxpayer's Signature	Date				